STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions

Day Care Intake for Child Under Two (2) Years Old

Use of form: Personally identifiable information on this form is collected to assist in providing quality child care services and will be used only for this purpose.

Instructions: This form is to be completed by a parent prior to a child's first day of attendance. Regular updates can be noted.

PARENT/CHILD NAME AND ADDRESS

Child Name (Last, First, MI)	Nickname (If any)	Date of Birth (mm/ dd/ yyyy)
Parent(s) Name (Last, First, MI)		Home Telephone Number ( )
Parent(s) Address (Street, City, State, Zip Code)		

HEALTH

Check all that apply.

☐ Child has/had allergies or a special physical condition? – Describe.

☐ Child had a serious illness, convulsion, operation, or accident? – Describe. Include occurrence date.

☐ Child has frequent colds, ear infections, colic, etc. - Describe.

UPDATES

MEALS

Current feeding schedule	Length of time on current schedule

Food type
☐ Formula ☐ Strained ☐ Junior ☐ Table ☐ Milk – Specify:

When eating, child is
☐ Held in lap ☐ In highchair ☐ Other – Specify:

Feeds self?
☐ Yes ☐ No If "Yes", uses - ☐ Spoon ☐ Fork ☐ Hands

Special feeding problems
☐ Yes ☐ No If "Yes" – Specify.

Food allergies
☐ Yes ☐ No If "Yes" – Specify.

Favorite Foods - Specify.

Refused Foods – Specify.

UPDATES

SLEEP

Current sleep schedule

Length of time on current schedule

Falls asleep easily
☐ Yes ☐ No

Mood upon awakening - Describe

Takes favorite toy(s) to bed
☐ Yes ☐ No
If "Yes" - list toy(s).

Sleep position
☐ Back
☐ Side or stomach

Side or Stomach sleep position is not recommended. If “side or stomach” box is checked, parent must provide a statement from child’s physician recommending “side or stomach” sleeping position.

UPDATES

DIAPERING / TOILETING

Diaper - Type
☐ Cloth ☐ Disposable

Diapers provided by parent
☐ Yes ☐ No

Plastic pants used
☐ Always ☐ Never ☐ Sometimes If "Sometimes" – Specify:

Highly sensitive skin
☐ Yes ☐ No

Frequent diaper rash
☐ Yes ☐ No

Oil, powder or lotion used
☐ Yes ☐ No If "Yes", product name(s) – Specify:

Toilet training attempted
☐ Yes ☐ No If "Yes", describe routine:

Type of toilet seat used at home
☐ Potty chair ☐ Special toilet seat ☐ Regular toilet seat

Regular bowel movements
☐ Yes ☐ No How often? Time(s) of day:

Toileting problems
☐ Yes ☐ No If "Yes" – Describe:

UPDATES

VERBAL COMMUNICATION

Family speaks what language - Specify.
☐ English ☐ Other If "Other" – Specify:

Age child began talking.

Child speaks in:
☐ Words ☐ Sentences

Words used to describe special needs - Specify.

UPDATES

COMFORTING

Does child have a fussy time?
☐ Yes ☐ No If "Yes"- Specify time.

How is fussy time handled?

Child likes to be:
☐ Held ☐ Sung to ☐ Rocked ☐ Read to ☐ Other – Specify:

Special things you say or do to comfort child.

UPDATES

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Additional comments

UPDATES

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to? Check all that apply

☐ Sit up alone ☐ Pull up ☐ Crawl ☐ Walk holding on ☐ Walk without support

Is your child used to playmates? ☐ Yes ☐ No

Comments

MISCELLANEOUS

Child's indoor / outdoor favorite toys and activities – Specify:

Indoors	
Outdoors	

UPDATES

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in day care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Signature – Parent or Guardian	Date Signed